

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No. 0938-

State/Territory: Montana

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☒ Not applicable. The Governor--

☒ Does not wish to review any plan material.

☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Montana Department of Social and Rehabilitation Services  
(Designated Single State Agency)

Date: October 10, 1991

Julia E. Robinson  
(Signature)

Director  
(Title)

TN No. 92-01  
ersedes 89(10)1 Approval Date 12/5/91 Effective Date 10/01/91

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